

FamiliBase Childcare Application Form

Please note that all questions marked * are **compulsory** for you to answer. All other questions are optional. However it is in your best interest to answer all questions to help secure a place in FamiliBase Childcare.

Please be advised that FamiliBase Organisation strives to meet our commitment of strict confidentiality in all matters relating to the collated sensitive information of our service users. In line with the obligations as outlined in the Data Protection Acts 1998 and 2003, the information gathered in administration of this document, will be used solely for the purpose for which it was obtained. Thereafter it will be stored in a secure locked file.

1. *Name of Parent/Guardian: _____

2. *Parent/Guardians Date of Birth: _____

3. *Date of Application (Today's Date): _____

4.* Address of Parent Guardian: _____

5. *Telephone Number of Parent/Guardian: _____

6.* Childs Name: _____

7.* Childs Date of Birth: _____

8. Have you any siblings currently in FamiliBase Childcare? (Please tick).

Yes (please proceed straight to question 14 and leave the questions 9-13 unanswered)

No (please continue to question 9)

9. Are you currently in receipt of a social welfare payment(s)? Yes
 No

10. Please note if Yes, you may be entitled to subsidised childcare. If you would like to avail of this please tick below which welfare payment(s) you are currently receiving.

One Parent Family Payment.

Carers Allowance

Domiciliary Allowance.

Jobseekers Benefit /Allowance

Supplementary Welfare Allowance.

- Illness Benefit /Invalidity Pension
 Other, Please specify _____.

11. Are you looking for a childcare place to (Please tick).:

- Accessing or returning to full time education.
 Accessing or returning to employment.
 Start a work placement programme. CE, CSP, WPP, Tús etc.
 Child welfare and development reasons.
 Preparation for School
 Other, Please state _____

12. Are you currently a holder of either of the following (please tick)?

- Medical Card
 GP Card

13. Are you or a member of your family already engaged in any FamiliBase Programmes and services.

- Yes No. If it is a family member please give their full name _____

If yes please tick which service?

- Teen parent support programme.
 Community Employment programme.
 Work placement programme.
 Community Services programme.
 Tús Initiative.
Others, please specify _____.

14.* Please provide the date you are looking for childcare to commence: _____

If you are unsuccessful in securing a place by the above date do you wish to remain on our list?

- Yes No

15.* Are you looking for a part time or full time position in our Childcare Facility? _____

16. If part time please tick which time you would prefer

- Morning
 Afternoon
 No Preference (either morning or afternoon is fine)

If we have a part time space available and it is not your preferred option we will still contact you to offer you the place (if you are next in line for a place).

17. Have you any other additional information that you would like to submit at this stage which you feel might strengthen your case for a place in FamiliBase Childcare?